

**Preliminary 2007 Time Table**  
**South Carolina Alzheimer's Resource Coordination Center (ARCC)**  
**Grants for Respite and Educational Programs**  
**for July 1, 2007 - June 30, 2008 Grant Awards**

January 19, 2007	Issue Memo Announcing Funding Availability
January 19, 2007	Application on WEB available
January 26, 2007	Application packets available
March 9, 2007	<b>Deadline to Register for Pre-application Workshop</b>
March 14, 2007	<b>Deadline for Submission of Written Questions</b>
March 16, 2007	<b>Pre-Application Workshop, 10:00 a.m.</b> Lieutenant Governor's Office on Aging, 1301 Gervais Street, Columbia, SC (corner of Gervais and Sumter)
April 19, 2007	<b>Deadline for Grant Application Submission</b> An original and nine copies due <b>no later than 4:00 p.m.</b>
April 20, 2007	Initial Screening of Applications
April 27, 2007	Review Teams Meet for Orientation and to Receive Grant applications – Lieutenant Governor's Office on Aging
May 18, 2007	Review Teams Meet to Decide Grant Awards Lieutenant Governor's Office on Aging
May 19-31, 2007	Resolve Issues with Successful Applicants
June 1, 2007	Notification of Grant Awards
June 22, 2007	Grants Procedures Workshop for Grantees
July 1, 2007	Activate Grants - Grant Period: July 1, 2007 to June 30, 2008
July 6, 2007	Signed Grant Agreements Due from Grantees

**STATE OF SOUTH CAROLINA  
LIEUTENANT GOVERNOR'S OFFICE ON AGING  
ALZHEIMER'S RESOURCE COORDINATION CENTER (ARCC)  
Grant Program For Alzheimer's Services  
1301 Gervais Street, Suite 200  
Columbia, South Carolina 29201**

**SUBMITTAL DEADLINE:** Thursday, April 19, 2007, 4:00 P.M.

**GRANT APPLICATION REQUEST:** To develop or expand (1) respite care programs that are dementia specific, including in-home, overnight, adult day services or social model group respite to support caregivers and promote a higher quality of life for the person with Alzheimer's disease and related disorders (ADRD), and the family or (2) to provide new or expanded educational programs for families and caregivers of persons with dementia and community service providers.

You are invited to submit Grant Proposals in accordance with the requirements described in this document. Grant proposal(s) must be received before or no later than 4:00 P.M., Thursday, April 19, 2007, by:

**MAIL:**

**Ms. Eve Barth  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, SC 29201**

**-OR-**

**HAND DELIVERED:** Before or no later than Thursday, April 19, 2007, 4:00 P.M.

**TO:**

**Ms. Eve Barth  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, SC 29201**

Grant Proposals will be accepted at any time before 4:00 P.M. on Thursday, April 19, 2007. **NO FAXES WILL BE ACCEPTED. Each Grant Proposal must be signed by an official authorized to sign on behalf of the sponsoring organization.**

**Grants Made Possible by the South Carolina Alzheimer's Resource Coordination Center (ARCC)  
located within the Lieutenant Governor's Office on Aging  
This GAR is being issued under S.C. Code §44-36-325.**

**Hearing impaired individuals may call TDD telephone number: (803)929-2549**

## **PRE-APPLICATION WORKSHOP**

A pre-application workshop for this GAR will be held at 10:00 a.m. on **Friday, March 16, 2007 at the Lieutenant Governor's Office on Aging in Columbia. (1301 Gervais Steet, Suite 200, the Wilbur Smith Building on the corner of Gervais and Sumter)** Applicants must register for the pre-application workshop by 5:00 p.m. on **March 9, 2007** to assure that sufficient copies of materials are available. **All potential applicants, especially those individuals who will be actually completing the application form, are strongly encouraged to attend the pre-application workshop.** Applicants are encouraged to bring any and all questions pertaining to this GAR to the pre-application workshop. To register for the workshop, please contact Fran Brannon at the following address:

Ms. Fran Brannon  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, South Carolina 29201  
(803)734-9875 FAX: (803)734-9887  
E-mail: [brannon@aging.sc.gov](mailto:brannon@aging.sc.gov)

Potential applicants are encouraged to identify community partners and to develop a preliminary project plan **prior to** the pre-application workshop.

**Parking is available in the parking garage adjacent to the Wilbur Smith Building. The entrance to the garage is on Gervais Street between the Wilbur Smith Building and the Bank of America drive-through tellers.**

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## **I. GENERAL INFORMATION AND SCOPE OF SERVICES**

### **PURPOSE:**

The Alzheimer's Resource Coordination Center (ARCC) is requesting grant applications for (1) respite care services and (2) educational interventions for persons with Alzheimer's disease and related disorders (ADRD) and their families and caregivers.

### **BACKGROUND:**

The South Carolina Alzheimer's Resource Coordination Center (ARCC), located within The Lieutenant Governor's Office on Aging, was established by state legislation in 1994 [South Carolina Code of Laws, Section 44-36-310]. The Center's goal is to serve as a statewide focal point for coordination, service development, information, and education to assist persons with Alzheimer's disease and related disorders (ADRD), and their families.

Persons with ADRD may live for 20 years beyond the disease onset. The majority of those persons is cared for at home by family members and other unpaid caregivers. The emotional, physical and financial impact on these caregivers is staggering. When the families can no longer cope with this burden, many turn to nursing homes and other institutions as the only viable alternative.

Experience has shown that support for caregivers can promote a higher quality of life for the person with ADRD and the family. By relieving some of the burden, even on a temporary short-term basis, supportive services can enable families to continue to care for the person with ADRD at home. Supportive services such as adult day services, group respite care, in-home respite, caregiver education and counseling can help to prevent or delay institutionalization at a fraction of the cost of institutional care.

Therefore, the Alzheimer's Resource Coordination Center (ARCC) is requesting grant applications for:

- (1) respite care services
- (2) educational interventions for persons with Alzheimer's disease and related disorders (ADRD) and their families and caregivers, and community service providers.

### **NEED:**

Applicants must show evidence of need for the service(s) in the community. Applications are encouraged from counties that have not received seed grants for the establishment of Alzheimer's support services. Special consideration will be given to new program initiatives and/or expansions that have not been previously funded. Up to two thirds of the seed funds will be allocated to applicants approved for funding that have not been previously funded, and the remaining seed funds will be allocated to expansions or new initiatives. Five (5) points will be added to applications for new respite programs. Applicants located in counties who previously have not received ARCC seed funds will receive 10 extra points. These counties are: Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Chester, Greenville, Greenwood, Hampton, Jasper, Lee, and Pickens

**SCOPE OF SERVICES FOR ARCC GRANTS****(1) Respite Care Services:**

Grants of up to \$20,000 will be awarded for the development or expansion of respite care programs. Grants of up to \$10,000 will be awarded for Brookdale model group respite programs. Programs that operate for four (4) or more hours/day must be licensed by DHEC as an Adult Day Services Center. Brookdale model group respite programs may operate for under four (4) hours/day and less than five days per week. A guide for starting and managing a group respite program can be obtained from the Brookdale Foundation Technical Assistance office, (510) 540-6734. More information is available on the foundation website [www.brookdalefoundation.org](http://www.brookdalefoundation.org).

Respite programs will be established according to a community-based service model which:

1. Provides a respite program that is **dementia specific**. (including in-home, overnight, adult day services or social model group respite services);
2. Offers people with Alzheimer's disease and related disorders (ADRD) scheduled opportunities for dementia specific care and activities in a safe and supportive environment;
3. Provides hours of respite from caregiving tasks for family caregivers;
4. Provides or informs families of other services for participants and their families including individual counseling for caregivers, information and referral to social service and health care services, and support group meetings for family members;
5. Is staffed by a qualified individual (such as a social worker, nurse, activity professional, or health educator) who may be assisted by carefully selected and trained volunteers, students, and program assistants. (All staff and volunteers providing service in the home must pass a SLED check prior to providing services);
6. Provides high quality, cost effective services;
7. Builds relationships with caregivers to establish trust.
8. Has the potential for continuity and expansion when the State funding is no longer available, and
9. Shows evidence of community collaboration and support and maximum utilization of existing resources.

Funding preference will be given to the following respite models:

- Social model group respite program development
- Trained companion registry development
- In-home respite
- Innovative institutional respite program development
- Models that promote self directed care, including the use of vouchers.

**(2) Educational Interventions:**

Grants of up to \$20,000 each will be awarded for new **dementia specific educational interventions**. The Educational Initiative will provide new or expanded educational programs for families and caregivers of persons with dementia and may include programs for persons in the early stages of dementia. Priority topics include: medications/side effects; grief, loss, depression; home safety and security; legal and financial issues; communication; prevention and

management of difficult behaviors; resources available in the community; caregiver issues, such as the identification and utilization of available resources, including respite; and ways of establishing trust between caregivers and providers of services.

Types of allowable education and information activities include:

- Training for families, informal caregivers, health and social service providers, and community service providers. (example: law enforcement, emergency personnel, doctors, dentists, dental hygienists, etc.)
- Establishment of new caregiver support groups or early diagnosis support groups
- Establishment of new caregiver “hotlines”
- Educational intervention/training in Residential Care Facilities/Nursing Homes

### **GRANT REQUIREMENTS:**

**Eligibility:** Applicants must show evidence of organizational capability to effectively manage the project. Eligible entities include Alzheimer’s organizations, social service and health care provider agencies, denominational groups, aging service providers, educational institutions and other local organizations. Applicants may be public, non-profit or for-profit entities. Organizations may submit only one application per grant cycle. Current grantees are not eligible to submit an application until the second year of their grant cycle.

**Dementia Specific Focus:** All respite service programs funded by the ARCC must provide a program designed specifically for people affected by ADRD and their family caregivers. All educational programs funded by the ARCC must provide educational interventions designed specifically for family members and caregivers of persons with ADRD and may also include educational interventions for persons with early stage dementia, paid caregivers, and community service providers.

**Services to Caregivers:** Individual consultation, caregiver support, and information and referral to other services must be made available to family caregivers either by the sponsoring organization or in cooperation with other organizations in the community by respite programs. Even when supportive services are available, some caregivers have a difficult time accepting them because of the lack of the establishment of trust between themselves and the providers. It has become evident that a vital component in the success of a supportive program is the provision of a “bridge” between the provider and caregiver, someone who gains the trust of the caregiver or the identification of someone who already has this trust before the caregiver will take advantage of the much needed services. The sponsoring organization must describe how the respite program will establish trust with caregivers.

Educational grants must include a component on community resources for caregivers.

**Ancillary Services:** Sponsoring organizations must take responsibility for publicity and outreach activities directed toward recruitment of participants (and volunteers, if applicable), linkages with other community resources, and funding support designed to insure long-term continuity of the program. Sponsoring organizations for respite sites must also provide access to other services for participants and their families including individual counseling for caregivers, information and referral, and informational/support group meetings for family members. These

can be provided by the sponsoring organization or through collaborative efforts with other community service agencies.

**Staffing:** The program must be staffed by a professional with knowledge of Alzheimer's disease and related disorders, and there must be evidence of organizational capability to effectively develop and manage the project. The grant budget for respite programs must include expenses for staff training on appropriate care for persons with Alzheimer's disease.

**Training Requirements:**

1. Staff are required to obtain a Certificate of completion from "Dementia Dialogues" (at no cost) or an ARCC approved training program.
2. New Grantees are required to attend the ARCC Grant Procedures Workshop.
3. All current grantees and key staff are required to attend the ARCC Spring Workshop.

**Reporting:** Sponsoring organizations must meet the reporting requirements of the ARCC and The Lieutenant Governor's Office on Aging, which include monthly statistical and narrative reports for respite grants, and quarterly program reports for educational grants. Expenditure reports and an annual program and fiscal report are required for all grants. Failure to meet reporting requirements can result in the de-obligation of funding.

**Matching Funds:** The ARCC will provide no more than 50 percent of the total project cost up to a maximum of \$20,000 per grant. For example, if \$20,000 is requested, the project sponsor must provide \$20,000 in cash or substantive in-kind support, for a total project cost of \$40,000. Brookdale model group respite proposals will be eligible for up to \$10,000 of ARCC funding per site, for a total project cost of \$20,000.

**Purpose:** The ARCC Grant Program seed grants are for the establishment of new respite programs, the expansion of existing respite programs, or the establishment or expansion of educational interventions for families and caregivers of persons with ADRD. These funds are to be directed toward direct services to the maximum extent possible and administrative expenses shall be kept to a minimum. For existing programs, the funds must be used for expansion to an additional site, or significant expansion of the hours, days and/or the numbers of people being served.

**Exclusions:** ARCC grant funds shall not be used for building funds, renovations, capital improvements; major equipment; land purchases; cost of building(s)/facilities; bad debts; cost of life insurance when the Grantee is the beneficiary; late payment charges, including penalties and fines; contingency funds; contributions; entertainment; promotional expenses; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property or other capital assets and legal fees. ARCC grant funds shall not be used to supplant other sources of funds or to replace lost funding.

**Fees:** Appropriate fees may be charged for services provided under this grant in order to make the program self-supporting; however, provisions must be made to serve those who cannot afford to pay. Service shall not be refused to anyone in need solely because of inability to pay a fee. A



sliding scale fee schedule based on ability to pay is recommended for respite programs. The fee schedule must be shown in the Program Narrative. Fees may be used to help meet the grantee's matching requirement.

**LEAD AGENCY:**

Applicant community coalitions must designate one entity as the lead applicant organization that will serve as the fiscal agent for the project. If the lead applicant/fiscal agent is a private, not for profit organization, the 501(c)(3) documentation must be attached. Suggested partners include the local United Way, local Council on Aging, Area Agency on Aging, and local Alzheimer's Association Chapter. Other interested community organizations are encouraged to be included.

**TIME FRAME:**

Costs may be incurred commencing with the beginning date of the negotiated grant through June 30, 2008. If performance is satisfactory, the Grant may be extended through June 30, 2009. This decision to extend will be at the sole discretion of The Lieutenant Governor's Office on Aging.

**GRANT PROPOSAL CONSTITUTES OFFER:**

By submitting a Grant Proposal, the applicant agrees to be governed by the terms and conditions described in this document except where subsequent amendments to any grant resulting from this GAR are specifically agreed to in writing by the parties to supersede any such provisions of this GAR.

**NO OBLIGATION TO THE LIEUTENANT GOVERNOR'S OFFICE ON AGING:**

Neither the Lieutenant Governor's Office on Aging nor any agent thereof on behalf of the Lieutenant Governor's Office on Aging will be obligated in any way by any applicant response to this GAR.

**AMENDMENTS:**

If it becomes necessary to revise any part of the GAR all amendments will be provided in writing to all applicants.

Verbal comments or discussions relative to this solicitation cannot add, delete or modify any written provision. Any alterations must be in the form of a written amendment to all applicants.

**QUESTIONS:**

Every effort has been made to insure that all information needed by the applicant is included in this document. If an applicant finds that he cannot complete a Grant Proposal without additional

information, he may submit written questions only to the person designated below, on or before **March 14, 2007. (Applicants attending the Pre-Application Workshop on March 16, 2007 may wish to bring their questions along.)** No written questions will be accepted by the Lieutenant Governor's Office on Aging after this date. All replies to written questions will be in writing. When a question received by the Lieutenant Governor's Office on Aging is found to be already sufficiently answered in the GAR, that question will be returned to the applicant with a reference to the part of the GAR containing the answer. All written questions, and written replies, will be distributed to all applicants and will be regarded as a part of this GAR.

**Address written questions to:**

**Ms. Eve Barth  
Alzheimer's Resource Coordination Center  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, South Carolina 29201**

**AWARD:**

Grants shall be awarded to applicants whose Grant Proposals are determined to best meet the requirements and evaluation criteria described in this GAR. However, the right is reserved to reject any and all Grant Proposals received, and in all cases, the Lieutenant Governor's Office on Aging will be the sole judge as to whether an applicant's Grant Proposal has or has not satisfactorily met the requirements of this GAR. **NOTE: NOT MEETING PERFORMANCE STANDARDS ON A PREVIOUS GRANT CAN CAUSE A GRANT PROPOSAL NOT TO BE FUNDED.**

**RIGHT OF NON-COMMITMENT OR REJECTION:**

This solicitation does not commit the Lieutenant Governor's Office on Aging to award a grant or to pay any costs incurred in the preparation of a Grant Proposal. The Lieutenant Governor's Office on Aging reserves the right to accept or reject any or all Grant Proposals received as a result of this GAR, or to cancel in part or in its entirety this GAR if it is in the best interest of the Lieutenant Governor's Office on Aging to do so.

**NOTICE OF AWARD:**

Each applicant will be notified by letter after all Grant Proposals have been evaluated, and funding has been allocated.

**PROHIBITION OF GRATUITIES:**

Amended § 8-13-420 of the 1976 CODE of LAWS OF SOUTH CAROLINA states: "Whoever gives or offers to any public official or public employee any compensation including a promise

of future employment to influence his action, vote, opinion or judgment as a public official or public employee or such public official solicits or accepts such compensation to influence his action, vote, opinion or judgment shall be subject to the punishment as provided by 16-9-210 and 16-9-220.”

**GRANT INCREASE AFTER AWARD:**

The Lieutenant Governor’s Office on Aging reserves the right to increase any grant awarded and implemented under the provisions of this GAR.

**OPTION TO EXTEND/CONTINUATION FUNDING:**

The Lieutenant Governor’s Office on Aging can extend a grant for a second year if it appears to be in the best interest of the Lieutenant Governor’s Office on Aging. Second year continuation applications for one half of the original award will be considered on a non-competitive basis, contingent upon the availability of state funds and satisfactory progress toward goals in the first year. A site visit will be conducted prior to determination of second year funding, as approved by the ARCC Advisory Council and agreeable to the Grantee.

**COMPLIANCE:**

Failure to comply with the commitments in the approved grant proposal or failure to meet the reporting requirements can result in the de-obligation of funds.

**ARCC grant funds will be used to match federal funds for the Family Caregiver support Program. Therefore ARCC grant funds are not able to be used as match for other grants.**

## **PART II: SPECIAL INSTRUCTIONS AND CONDITIONS**

### **RECEIPT OF GRANT PROPOSAL**

It is required that the Grant Proposal be submitted no later than Thursday, April 19, 2007, at 4:00 p.m., either by mail or hand delivery. Applicants mailing Grant Proposals should allow a sufficient mail delivery period to ensure timely receipt of their Grant Proposals by the issuing office. Faxes will not be accepted.

### **PREPARATION OF GRANT APPLICATION:**

Each Applicant is to submit an original and nine (9) copies of the Grant Proposal, sealed in one package. Each copy of the Grant Proposal should be bound (stapled or spring clipped) in a single volume where practical. Grant Proposals should not have hard covers or be spiral bound. All documentation submitted with the Grant Proposal should be bound in that single volume.

- All Grant Proposals should be completed and carefully worded and must convey all of the information requested. If significant errors are found in the applicant's Grant Proposal, or if it fails to conform to the essential requirements of the GAR, the Lieutenant Governor's Office on Aging will be the judge as to whether that variance is significant enough to reject the Grant Proposal.
- Grant Proposals should be prepared simply and clearly, providing a straightforward, concise description of applicant's capabilities to satisfy the requirements of the GAR. Emphasis should be on completeness and clarity of content.

### **GRANT PROPOSAL STRUCTURE AND CONTENT:**

The Grant Proposal must include the following sections, in this order:

- **COVER SHEET.** Submit the completed cover sheet provided with this Grant Application.
- **PROGRAM NARRATIVE.** Submit the completed program narrative provided with this Grant Application.
- **BUDGET AND BUDGET NARRATIVE.**
  - Using the Project Budget Summary Form, provide budget breakouts and sub-totals for the proposed project. In the budget narrative, provide a brief line-item justification for every entry. It is important that the budget summary form and the narrative provide a clear picture of how resources will be utilized to conduct the proposed project. The budget narrative should include grantor funds (50%) and local match (50%).
  - If equipment and/or furniture is included in the budget, detailed descriptions and justifications must be provided, indicating lack of availability. Applicants are encouraged to utilize existing and/or donated facilities and equipment.

Note that information regarding community contributions of resources is required, if included in the budget. (Specifically, the amounts of community contributions which are cash and/or in-kind contributions.) In addition, a narrative description is required that provides information regarding the cash and/or in-kind contributions available and their respective sources.

- **ATTACHMENTS** [see page 13J of the Program Narrative, attached, for detailed information on the necessary attachments.]
- **CHECKLIST REVIEW**

### **SUMMARY OF APPLICANT'S QUALIFICATIONS**

The applicant must, upon request of the Lieutenant Governor's Office on Aging, furnish satisfactory evidence of ability to furnish products or services in accordance with the terms and conditions of this GAR. The Lieutenant Governor's Office on Aging reserves the right to make the final determination as to the applicant's ability to provide the services requested in this GAR before entering into any grant.

### **ADMINISTRATIVE AND FISCAL CAPABILITIES:**

The Lieutenant Governor's Office on Aging reserves the right to seek additional information to determine the administrative and fiscal capabilities of the applicant.

### **DOCUMENTS REQUIRED OF SELECTED APPLICANTS:**

Before grant negotiations are finalized, selected applicants may be required to provide the following information to the Lieutenant Governor's Office on Aging. (This information is not to be submitted with your Grant Proposal.)

- Organizational Chart
- Staff Personnel/Travel Policies
- Charter and By-laws of Organization
- Evidence of Signatory Authority
- Staff/Cost Allocation Plan
- List of Current Board Members of Governing Body
- Current Fiscal Statement and Copy of Last Audit or Compilation

**REPORTING REQUIREMENTS:**Fiscal

The Grantee will be required to submit a final fiscal report that includes all cost data, claims for reimbursement, or other fiscal adjustments deemed to be allocable and allowable under this grant. This report should be submitted to the Lieutenant Governor's Office on Aging no later than sixty (60) days from the expiration date of this grant. The format for this report is attached in the Appendices of this GAR.

Program

A Final Program Report is also due no later than sixty (60) days from the expiration of this grant. The format for this report is attached in the Appendices of this GAR. Monthly program and statistical reports will be required of each respite program. Quarterly program reports will be required of each educational program. Failure to meet the reporting requirements can result in the de-obligation of funds. (More detailed information will be provided at a later date to successful applicants.)

**DISCUSSION/NEGOTIATION:**

By submission of a Grant Proposal, the applicant agrees that during the period following issuance of the GAR and prior to final award of a grant, applicant shall not discuss this GAR with any Lieutenant Governor's Office on Aging employee or member of the ARCC Advisory Council, except Ms. Eve Barth, the Lieutenant Governor's Office on Aging. **Applicants are encouraged to bring questions to the pre-application workshop on March 16, 2007.**

**PART III: EVALUATION CRITERIA****SCORING:**

All Grant Proposals will be reviewed and assigned an overall score based on the criteria listed below. Grant Proposals must be in the required format and be received by 4:00 p.m. on Thursday, April 19, 2007, to qualify for review.

<u>POINTS</u>	<u>CRITERIA</u>
15	<u>CAPABILITY AND SUITABILITY OF SPONSORING ORGANIZATION TO ADDRESS THE NEEDS OF PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR FAMILIES</u>
15	<u>QUALIFICATIONS AND TRAINING FOR PROPOSED STAFF, INCLUDING VOLUNTEERS AND PROFESSIONALS</u>
15	<u>EVIDENCE THAT THE PROPOSED PROGRAM WILL PROVIDE A HIGH QUALITY, COST EFFECTIVE PROGRAM THAT IS DEMENTIA SPECIFIC. FOR GROUP RESPITE, AN ADEQUATE SITE IS AVAILABLE FOR THE PROGRAM</u>
15	<u>EVIDENCE OF NEED FOR THE SERVICE AND OF COMMUNITY SUPPORT FOR THE PROPOSED PROGRAM</u>
15	<u>SUPPORT SERVICES TO FAMILY CAREGIVERS</u> including counseling, information and referral to social service and health care services, fostering relationships of trust with caregivers, and support group meetings. (These can be provided by the sponsoring organization or through collaborative efforts with other community service agencies.)
15	<u>POTENTIAL FOR CONTINUITY AND EXPANSION BEYOND GRANT PERIOD</u>
10	<u>BUDGET</u> is reasonable and shows adequate support from the organization and/or community for the proposed program.

When making funding decisions, the Lieutenant Governor's Office on Aging will consider communities that are geographically dispersed and socioeconomically diverse. Special consideration will be given to new program initiatives and/or expansions that have not been previously funded. Up to two thirds of the seed funds will be allocated to applicants approved for funding that have not been previously funded, and the remaining seed funds will be allocated to expansions or new initiatives. Five (5) points will be added to applications for new respite programs. Applicants located in counties that have not previously received ARCC seed funds will receive 10 extra points. These counties are: Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Chester, Greenville, Greenwood, Hampton, Jasper, Lee, and Pickens.

## **APPENDICES**

### **A. Grant Proposal Forms**

- Grant Application Cover Sheet
- Program Narrative
- Project Budget Summary Form
- Project Budget Narrative
- Checklist Review

### **B. Report Forms**

- Final Program Report Form
- Final Fiscal Report Form



**ALZHEIMER'S RESOURCE COORDINATION CENTER  
GRANT APPLICATION COVER SHEET**

Name of Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Should be the person to call if there are any questions regarding the proposal.)Partner Organization(s): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_Grant Period: \_\_\_\_\_ July 1, 2007 to June 30, 2008

Federal ID#: \_\_\_\_\_

Grant Budget: Project Total (100%): \_\_\_\_\_

Grant Amount (50%): \_\_\_\_\_

Applicant Match (50%): \_\_\_\_\_

Counties To Be Served: \_\_\_\_\_

Name and Title of Person with Signatory Authority:

\_\_\_\_\_  
(Name) (Title)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SOUTH CAROLINA ALZHEIMER'S RESOURCE COORDINATION CENTER

## PROGRAM FOR ALZHEIMER'S SERVICES

### 2007-2008 GRANT APPLICATION

#### PROGRAM NARRATIVE

(Please type or print clearly)

Name of sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director or Name and Title of person with Signatory Authority: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and Title of person to contact if there are any questions regarding the proposal: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Type of sponsoring agency:

- ☐ Aging Service Provider
- ☐ Adult Day Care Center
- ☐ Alzheimer's Organization
- ☐ Area Agency on Aging
- ☐ Caregiver Resource Center
- ☐ College or University
- ☐ Community Center
- ☐ Family Service Agency
- ☐ Home Health Care Agency
- ☐ Hospital
- ☐ Long Term Care Facility
- ☐ Public Agency
- ☐ Religious Organization
- ☐ Senior Center
- ☐ YM/YWCA, YM/YWHA or JCC
- ☐ Other(specify) \_\_\_\_\_

#### Type of Proposal:

- ☐ New Program Development
- ☐ Expansion of Existing Program

#### Type of Service:

- ☐ In-home respite
- ☐ Overnight respite
- ☐ Group respite
- ☐ Educational Program

#### If group respite program, type of facility in which respite will be housed:

- ☐ Church/Synagogue
- ☐ Community Center
- ☐ Day Care Center
- ☐ Hospital
- ☐ House
- ☐ Long Term Care Facility
- ☐ Senior Center
- ☐ YM/YWCA, YM/YWHA or JCC
- ☐ Other (Specify) \_\_\_\_\_
- ☐ Unknown at this time
- ☐ N/A

Is the respite program to be housed in the same facility as the sponsoring agency? Y / N

#### Geographic location of Program Site:

- ☐ Rural
- ☐ Urban
- ☐ Small Community
- ☐ Suburban
- ☐ Not Yet Known

#### If respite program:

Projected Number of days and hours program will operate:

\_\_\_\_\_ Days    \_\_\_\_\_ Hours

Maximum number of participants that can be served daily: \_\_\_\_\_  
Projected total number of participants to be served in year 1: \_\_\_\_\_

Projected average weekly service level at the end of year 1: Projected number of participants per week \_\_\_\_\_; \_\_\_\_\_ hours of service per week.

#### If educational program:

Projected number of persons to be reached by educational program: \_\_\_\_\_  
Projected hours of training or education: \_\_\_\_\_



Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007-2008

Name of Sponsoring Organization \_\_\_\_\_

**II. The Proposed Program**

- a. Description of the proposed program and objectives:

[If educational program, include target audience, number of programs, topics covered, location of program, format, time schedule and credentials and experience of trainers. For all respite programs, please include the number of unduplicated clients you propose to serve, a weekly schedule, a daily schedule, the admission and discharge criteria you will be using, a description of activities you propose, and a proposed training plan for staff and volunteers. If in-home respite, include plans for screening staff who will be providing care in the home.]

Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007- 2008

Name of Sponsoring Organization \_\_\_\_\_

II.      a.      Description of the proposed program (continued):

Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007-2008

Name of Sponsoring Organization \_\_\_\_\_

- b. Plans for outreach and recruitment:
  
  
  
  
  
- c. Plans for fostering a relationship of trust with caregivers.  
If educational program, indicate if information on the establishment of trust relationships with caregivers will be included in the training.
  
  
  
  
  
- d. Plans for recruitment of staff and volunteers, if applicable:
  
  
  
  
  
  
  
  
  
  
- e. If group respite/adult day services program, describe site and space available for the proposed Respite Program [including square footage of space for program and description of restroom and kitchen facilities (if available)]:
  
  
  
  
  
  
  
  
  
  
- f. Is this site currently available for your use? Yes / No  
(If not, please explain.)
  
  
  
  
  
  
  
  
  
  
- g. If educational program, include information on proposed sites for the educational programs.

Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007-2008

Name of Sponsoring Organization \_\_\_\_\_

h. Does the population you propose to serve have special needs or concerns (such as transportation issues, varying levels of care needed, cultural issues, etc.)? If yes, please describe briefly:

i. Transportation needs and resources available to meet those needs:

j. Paid staff and volunteer training capability and plan:

k. Current staff resources and services of the sponsoring organization that can be made available to the program:



Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007-2008

Name of Sponsoring Organization \_\_\_\_\_

**III. Sponsor and Community Resources**

- a. Description of Alzheimer's programs and services currently operating in the community. Also list any Adult Day Services Programs including days and hours and any in-home respite programs:

- b. List community resources that might be made available to enrich the services provided to participants and family caregivers in the Respite or Education Program (i.e., individual counseling, support group leadership, volunteer training, transportation):

Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007-2008

Name of Sponsoring Organization \_\_\_\_\_

- c. State why this program is needed in your community and why your agency should be selected to establish an Alzheimer's Respite or Education Program.

- d. Explain how you will coordinate the proposed activities with existing Alzheimer's and Aging services.

- e. Explain how you will evaluate the success of the program if funded.



Application Form, South Carolina Alzheimer's Resource Coordination Center, 2007-2008

Name of Sponsoring Organization \_\_\_\_\_

**V. Attachments** - All attachments must be securely stapled to the back of each proposal.

- a. Verification of organization's 501(C)(3), public entity or equivalent tax exempt status (labeled as Attachment A), if applicable.
- b. Resume of staff person who will be administratively responsible for the Alzheimer's Program (labeled as Attachment B). Applicants for educational grants should include resume(s) of proposed trainers.
- c. Resume of proposed Alzheimer's Respite Program Coordinator, if known (labeled as Attachment C).
- d. Up to seven letters of support from key service agencies in the community may be submitted, but are optional (e.g., Area Agency on Aging, Alzheimer's Association, etc.). (All letters of support **must** be submitted with proposals. Letters of support mailed separately or sent by facsimile will not be accepted. All letters of support labeled as Attachment D).

**VI. Annual Report** - One (1) copy of most recent Annual Report must be sent in a folder labeled: "ANNUAL REPORT FOR NAME OF AGENCY."

All attachments must be submitted with proposal. Letters of support, the annual report, or other attachments will not be accepted if they are submitted separately from submission of the ten (10) copies of the proposal.

**PROJECT BUDGET SUMMARY FORM**  
GRANT YEAR JULY 1, 2007 TO JUNE 30, 2008

**NOTES:**

Grant funds requested must not exceed \$20,000. (\$10,000 for Brookdale model group respite proposals.) The total budget must include the required matching funds, one dollar of local match for every dollar of grant funding.

**REVENUES - First Year of Operation of Program**

This is an estimate of your projected revenue for the first year of operation. Please note that total revenue and total expenses (following page) should match.

**CASH SUPPORT**

<b>Grants (Please Specify)</b>	
ARCC	\$
	\$
	\$
	\$
	\$
Client Fees	\$
Medicaid	\$
Other Gov't Fee-for-Service	\$
Insurance	\$
USDA/M Meal Reimbursement	\$
Transportation	\$
Fundraising Events	\$
Donations/Contributions	\$
Interest Income	\$
<b>Other (Please Specify)</b>	
	\$
	\$
	\$
	\$
<b>TOTAL CASH SUPPORT</b>	<b>\$</b>

<b>In-Kind Support* (Please Specify)</b>	<b>Specify Source</b>
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL IN-KIND SUPPORT</b>	<b>\$</b>
<b>TOTAL REVENUE</b> (Total of Cash & In-Kind Support)	

\*In-Kind Support could include any unpaid services you receive, that are essential for the provision of the services, such as volunteers, rental space, printing supplies, etc.

**PROJECT BUDGET SUMMARY FORM (Continued...)**  
**EXPENSES - First Year of Operation of Program**

This is an estimate of your projected expenses for the first year of operation.

NOTE: ARCC Columns (Personnel and OTPS combined) must total the amount of the grant. TOTAL EXPENSES should equal Total Personnel Expenses and Total OTPS expenses from all sources. Also, include In-Kind Services and their value.

**EXPENSES - FIRST YEAR OF OPERATION OF RESPITE PROGRAM**

<b>PERSONNEL (By Position) (Full Time Equivalent)</b>	<b>ARCC</b>	<b>SPONSORING AGENCY</b>	<b>OTHER ⇨ Amount</b>	<b>SPECIFY SOURCE</b>
Project Director (_____% FTE)	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Benefits (at _____%)	\$	\$	\$	
<b>TOTAL PERSONNEL EXPENSES</b>	\$	\$	\$	

<b>OTHER THAN PERSONNEL SERVICES (OTPS)</b>	<b>ARCC</b>	<b>SPONSORING AGENCY</b>	<b>OTHER ⇨</b>	<b>SPECIFY SOURCE</b>
<b>Space/Rental</b>	\$	\$	\$	
<b>Utilities</b>	\$	\$	\$	
<b>Meals</b>	\$	\$	\$	
<b>Equipment</b>	\$	\$	\$	
<b>Program Supplies</b>	\$	\$	\$	
<b>Printing/Copying</b>	\$	\$	\$	
<b>Telephone</b>	\$	\$	\$	
<b>Postage</b>	\$	\$	\$	
<b>Travel/Transit</b>	\$	\$	\$	
<b>Insurance</b>	\$	\$	\$	
<b>Other (Please Specify)</b>				
<b>TOTAL OTPS EXPENSES</b>		\$	\$	

<b>TOTAL PERSONNEL and OTPS</b>	\$	\$	\$
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<b>TOTAL EXPENSES (TOTAL OF ALL 3 COLUMNS)</b>	\$
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**PROJECT BUDGET NARRATIVE**

Please provide a brief line-item justification for every entry. It is important that the Project Budget Summary Form and the Project Budget Narrative provide a clear picture of how resources will be utilized to conduct the proposed project. The Project Budget Narrative should include grantor funds (50%) and local match (50%).

**ALZHEIMER'S RESOURCE COORDINATION CENTER**

**CHECKLIST REVIEW**

1.     \_\_\_     Nine (9) copies of the Grant Application plus the original delivered to the Lieutenant Governor's Office on Aging by 4:00 pm on Thursday, April 19, 2007.

2.     \_\_\_     One copy of the Annual Report

3.     Each copy of the Grant Application must contain the following:

\_\_\_     Completed Grant Application Cover Sheet

\_\_\_     Program Narrative

\_\_\_     Project Budget Summary Form and Project Budget Narrative

Attachments:

\_\_\_     501(c)(3) documentation if applicable

\_\_\_     Resume(s)

\_\_\_     Letters of Collaboration/Support/Commitment

\_\_\_     Other \_\_\_\_\_



**ALZHEIMER'S RESOURCE COORDINATION CENTER  
FINAL PROGRAM REPORT FORM**

A report, using this format, is to be submitted within 60 days of the end of the grant period.

**Project Name:**

**Grantee Name:**

**Project Director Name:**

**Grant Period:**

**Executive Summary:** A brief description of the project, project highlights, project outcomes, self-assessment of the success of this project, whether it will continue after the grant funding, and its potential for replication.

**Project Goals:** (From your original Grant Proposal)

**Project Objectives:** (From your original Grant Proposal)

**Performance Measures:** Data which describe the performance of the project in achieving its goals and objectives. The type of data would vary depending on the type of project. If you are able to provide data on how the lives of the people served by the project were improved, that should be included, too.

**ALZHEIMER'S RESOURCE COORDINATION CENTER  
FINAL FISCAL REPORT FORM**

A report is to be submitted within 60 days of the end of the grant period. Detailed instructions on final fiscal report form completion will be provided at the Grant Procedures Workshop on June 22, 2007.

